

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *CT03-133*  
*Mr. Les Sumption, S & S Comm.*  
 Street, Apt. No.,  
 or PO Box No. *125 Railroad Ave SE*  
 City, State, ZIP+4  
*Abbeville, SD 57401*

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Mr. Les Sumption*  
*S & S Comm.*  
*125 Railroad Ave SE*  
*Abbeville, SD*  
*57401*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name) *Mr. Sumption* C. Date of Delivery *SEP - 8 2003*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below ☐ No

3. Service Type *CT03-133*  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Restricted for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7002 2030 0004 5245 6662